

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>700512</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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109	<i>■■■</i>	<i>■■■</i>				
110	<i>■■■</i>	<i>■■■</i>				
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TOTAL IND.	<i>■■■</i>	<i>↓</i>	<i>■■■</i>	<i>↓</i>	<i>■■■</i>	<i>↓</i>
TOTAL DEP.	<i>■■■</i>	<i>↓</i>	<i>■■■</i>	<i>↓</i>	<i>■■■</i>	<i>↓</i>
TOTAL CLAIMS	<i>■■■</i>	<i>■■■</i>	<i>■■■</i>	<i>■■■</i>	<i>■■■</i>	<i>■■■</i>

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

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APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
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TOTAL CLAIMS					

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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